

JUL 19 2005

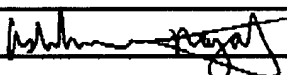
PTO/SB/21 (09-04)


Approved for use through 07/31/2006. OMB 0851-0031  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/623,334	
	Filing Date	07/12/2005	
	First Named Inventor	LAURA A. COSTA	
	Art Unit	3728	
	Examiner Name	BRYON P. GEHMAN	
Total Number of Pages in This Submission	2	Attorney Docket Number	TOR7024

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAW OFFICE OF ASHKAN NAJAFI, P.A.		
Signature			
Printed name	ASHKAN NAJAFI		
Date	07/18/2005	Reg. No.	48078

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	AUGUST A. MAXEY	Date	07/18/2005

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PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/623,334
Filing Date	07/12/2005
First Named Inventor	LAURA A. COSTA
Art Unit	3728
Examiner Name	BRYON P. GEHMAN
Attorney Docket Number	TOR7024

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 34356

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

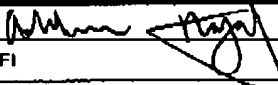
PATENT HAS BEEN GRATED, LEGAL SERVICES HAVE BEEN RENDERED PER CLIENT'S  
ENGAGEMENT LETTER.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	LAURA A. COSTA			
Address	455 ROXTON ROAD			
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Country	CANADA			
Telephone			Email	
Signature				
Name	ASHKAN NAJAFI		Registration No.	49,078
Date	07/18/2005		Telephone No.	(904) 296-0055

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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